



## Residence - Section I

**Legal Name:** \_\_\_\_\_

Are you a U.S. citizen?  Yes  No  Native Born  Naturalized

By what other names have you been known? (Maiden, Married, Aliases, etc.) \_\_\_\_\_

\_\_\_\_\_

### Current Address:

\_\_\_\_\_

Street / Apt. number

\_\_\_\_\_

City

State

Zip Code

Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Name on lease \_\_\_\_\_

With whom do you live? Family \_\_\_\_\_ Friend(s) \_\_\_\_\_ Other \_\_\_\_\_

List Name/Relationship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

If renting: Landlord \_\_\_\_\_ Phone number: \_\_\_\_\_

### Previous Address(es):

Address: \_\_\_\_\_

Dates of residency: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of residency: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of residency: \_\_\_\_\_

## Education - Section II

### High School

Name of High School: \_\_\_\_\_

City / State: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

GPA: \_\_\_\_\_

Other High Schools Attended:

Name of High School: \_\_\_\_\_

City / State: \_\_\_\_\_

Years Attended: \_\_\_\_\_

GPA: \_\_\_\_\_

Achievements/Awards/Honors/Organizations/Sports/Offices Held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### College / Trade Schools

Name of College / Trade School: \_\_\_\_\_

Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_

Degree(s) \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_

Have you attended any other colleges / trade schools / Police Academy?  Yes  No

Name of College / Trade School: \_\_\_\_\_

Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_

Degree(s) \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_

Name of Police Academy \_\_\_\_\_

Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_

When does your Academy Certification Expire? \_\_\_\_\_

Activities/Organizations/Offices Held:

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Other Applicable Training: \_\_\_\_\_

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### **Employment - Section III**

Are you presently unemployed?  Yes  No If yes, how long? \_\_\_\_\_

May we contact your present employer?  Yes  No If No, please explain:

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Have you ever been fired, terminated, or asked to resign from a job?  Yes  No

If Yes, explain: \_\_\_\_\_

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Have you ever been reprimanded or disciplined on the job?  Yes  No If yes, explain: \_\_\_\_\_

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What would your past employers say about your attendance at work? \_\_\_\_\_

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Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary or wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

**Previous Places of Employment:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Military Service - Section IV

Where you ever in the U.S. Military?  Yes  No  
Branch: \_\_\_\_\_ Type of Job: \_\_\_\_\_  
Highest Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Were you ever disciplined while in the military?  Yes  No  
Did you receive any Article 15's?  Yes  No  
Did you receive any Captain's Mast?  Yes  No  
Explain any "yes" answers: \_\_\_\_\_  
\_\_\_\_\_

While in the military, did you have any problems with the authorities?  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Did you receive any commendation, awards, or citations?  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Military Reserve Status:  Active  Inactive  Reserve  National Guard

Type of Discharge: \_\_\_\_\_  
Date: \_\_\_\_\_

## Financial Record - Section V

Do you or your spouse have any immediate civil action pending against you?

Yes     No

Have you wages ever been garnished or filed for bankruptcy?     Yes     No

Are any of your bills in the hands of a bill collection agency?     Yes     No

Do you owe past taxes?     Yes     No

Explain any "yes" answers:

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## Family - Section VI

Married     Single

Name of Current Spouse\_\_\_\_\_

Date of Marriage\_\_\_\_\_

Children? (Names and Ages)\_\_\_\_\_

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Have you ever been divorced?     Yes     No

How many times? \_\_\_\_\_

Date of Divorce\_\_\_\_\_    County/State\_\_\_\_\_

Ex-Spouse's Name\_\_\_\_\_ Phone Number\_\_\_\_\_

Address\_\_\_\_\_

Children(Name and Ages)\_\_\_\_\_

Child Support?     Yes     No                      Spousal Support?     Yes     No

Are you current in all support payments and obligations?     Yes     No

Do you have any other children?     Yes     No

If Yes (Name and Ages):\_\_\_\_\_

## Criminal History - Section VII

Were you ever arrested as a juvenile?  Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

What for? \_\_\_\_\_

Disposition? \_\_\_\_\_

Additional Explanation: \_\_\_\_\_

\_\_\_\_\_

Were you ever arrested as an adult?  Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

What for? \_\_\_\_\_

Disposition? \_\_\_\_\_

Additional Explanation: \_\_\_\_\_

\_\_\_\_\_

### **Please read the following:**

An **Expungement** is the court ordered sealing of records relating to criminal convictions. If you have received any expungement, you may have been told that it is not necessary to report the conviction or expungement to anyone who may inquire about either. The Ohio Revised Code Section 2953.32(D)(6) states that sealed convictions (expungement) may be inspected by any law enforcement agency as part of a background investigation of a person who applies for employment with the agency as a law enforcement officer. For the purpose of this background investigation, you are required to report any criminal conviction or any expungement.

Have you had your record expunged as an adult?  Yes  No

Have you had your record expunged as a juvenile?  Yes  No

If yes, explain the expungement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



List all traffic offenses for which you received a citation (include out of state and location on all citations):

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Have you ever stolen anything and were not caught? Include both as a juvenile and as an adult. \_\_\_\_\_

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### Court Action(s)

Have you ever been a defendant in a court case?  Yes  No

What for? \_\_\_\_\_

When? \_\_\_\_\_

What Court? \_\_\_\_\_

Disposition? \_\_\_\_\_

Have you ever been a plaintiff in a court case?  Yes  No

What for? \_\_\_\_\_

When? \_\_\_\_\_

What Court? \_\_\_\_\_

Disposition? \_\_\_\_\_

### Drugs and Alcohol

Have you ever **tried** an illicit drug?  Yes  No

Marijuana  Yes  No

Cocaine  Yes  No

Heroin  Yes  No

Crack  Yes  No

LSD  Yes  No

Other  Yes  No

What? \_\_\_\_\_

If you have answered "Yes" to any of the above, answer the following:

How old were you when you first tried the drug? \_\_\_\_\_

Describe the circumstances and amount used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
When (month/year) was the last time you used the drug? \_\_\_\_\_  
How many times have you used the drug in your life (estimate)? \_\_\_\_\_  
How many times have you used the drug in the: last year \_\_\_\_\_  
last 2 years \_\_\_\_\_  
last 5 years \_\_\_\_\_

Have you ever sold any drug(s)?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you associate with people who use illicit drugs?  Yes  No

Do you consume any alcoholic beverage(s)?  Yes  No

What beverage(s)? \_\_\_\_\_

How much? \_\_\_\_\_

How often? \_\_\_\_\_

How many times have you been drunk?

In the last month? \_\_\_\_\_ In the last 6 months? \_\_\_\_\_

In the last year? \_\_\_\_\_ Month/Year of last time? \_\_\_\_\_

### **Essay - Section VIII**

Why do you want to become a police officer with the Bainbridge Police Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE**

I certify and affirm that answers and statements contained in this application and questionnaire are true to the best of my knowledge and that I have provided complete disclosure of all information requested.

Signature of Application: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*NOTARIZATION REQUIRED\*\*\***

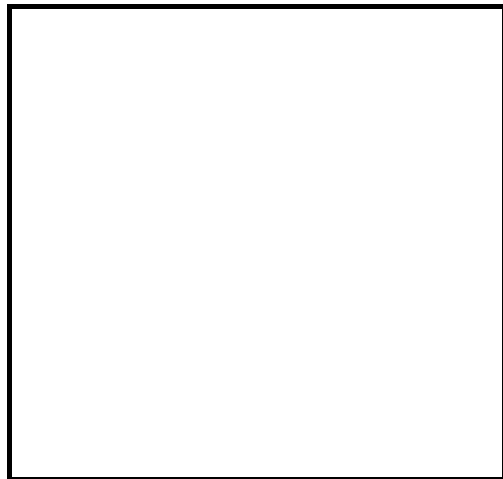
Before me, the undersigned Notary Public, appeared the person, whose signature above appears.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

SEAL MUST BE AFFIXED

\_\_\_\_\_  
Printed Name of Notary Public



\_\_\_\_\_  
Printed Address of Notary Public

**Please provide a copy of the following documents:**

- Driver's License
- Birth Certificate
- Ohio Peace Officer Basic Police Academy Training Certificate
- High School Diploma
- College Diploma

**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any Police Officer or authorized representative of the Bainbridge Township Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records or educational records including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records; credit records; and criminal history records. I hereby direct you to release such information upon the request the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Bainbridge Township Police Department. Consent is granted for the Bainbridge Township Police Department, Geauga County, Ohio, to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personal, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_